Tehran University of Medical Sciences

Nursing Practice Today

2023; Volume 10, No 4, pp. 273-275

Letter to Editor

Nurses' absence in multidisciplinary ward rounds: Reasons and solutions

Raziyeh Beykmirza[1], Marjan Ghofrani[2]*

[1]Nursing and Midwifery Care Research Center, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran
[2]Department of Pediatric Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran

Hospitalized patients need care from experts from different disciplines, such as physicians, nurses, therapists, pharmacists, social workers, and others. Multidisciplinary round teamwork is a patient-centered care model focusing on safety and efficiency and is recognized as the key mechanism for ensuring truly holistic patient care (1). Multidisciplinary rounds have led to many positive outcomes, including improved patient care quality, improve patient outcomes, increase collaboration and satisfaction of clinical team members, reduced errors, earlier mobilization, reduced patient length of stay, allowing the patients and their family members to be involved, enabled consensus-based decision making, and reduce conflicts within teams (2). Many hospitals report successful multidisciplinary rounds; there needs to be communication, coordination, and collaboration between different professional disciplines, understanding of each discipline's roles, and patient involvement (1, 2).

Nurses play an important role in multidisciplinary ward rounds and should prioritize attending wards, even if their responsibilities vary in shifts in different wards. The key aspects of the nurse's role on ward rounds can be defined using the acronym ACTION: Advocate, Chaperone; Transitions, Informative, Organizer, and Nurse-centered (3). Nurses facilitate and coordinate the activities of all professionals in the multidisciplinary ward, establish their activities in care plans, and collaborate with other professionals involved in patient care to integrate the healthcare process (3, 4).

Although multidisciplinary ward rounds should be considered a priority by all team members, evidence shows a low level of presence of nurses in multidisciplinary ward rounds (1-7, 10). The absence of nurses in multidisciplinary ward rounds has irreparable adverse effects on the health of patients, their relatives, and other healthcare providers. It can also harm ward-round efficiency and patient safety (4). Some literature reflects the absence place of nurses in ward rounds worldwide, and this challenge is not limited to a specific geographical area:

In a systematic review in Ireland, the authors report, "Our findings serve as a call to action to address the rhetoric of interdisciplinary collaboration on surgical ward rounds. An evidence-based is required to design, educate for, and implement interdisciplinary collaborative opportunities in surgical wards so this critical aspect of patient care becomes a reality". This claim indicates that the interdisciplinary ward rounds are missed (5).

Results from research on nurses' difficulties in the decision-making process during the ward round in a large Finnish hospital revealed that the nurses at the bedside had information about the patient that was initially overlooked by the consultant (known as a specialist in US medicine), which led to the reluctance of nurses in ward rounds (6).

In the other study in Australia, after an intervention improved nurse presence on Non-Structured Interdisciplinary Bedside Rounds (non-SIBR) from less than 20% at Time 1 to 44% at Time 2 (7). In a study in the UK by

Corresponding Author: Marjan Ghofrani, Department of Pediatric Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran. Email: marjan.ghofrani@gmail.com

DOI: 10.18502/npt.v10i4.14072

Please cite this article as: Beykmirza R. Nurses' absence in multidisciplinary ward rounds: Reasons and solutions. Nursing Practice Today. 2023; 10(4):273-275

Clair Merriman and Della Freeth (2021), four key concepts emerged: "need, presence, ability and willingness. Bedside nurses and consultants needed the interprofessional ward round to enable their work; Ward round effectiveness was affected by whether they were both present and able and willing to participate in interprofessional collaboration. Bedside nurses' presence was necessary for effective and efficient interprofessional collaboration between these key roles" (8). A study in Nigeria showed that only 13% of nurses participated in ward rounds, and 67% were not willing to participate in some ward rounds (9).

In such a situation, it seems that the first step should be to identify the challenges and reasons that lead to the absence of nurses in the ward rounds. We previously conducted an integrated review and reviewed the results of all available literature in this domain. In this study, generally, it can be concluded that there are several main reasons for barriers to the presence of nurses in multidisciplinary ward rounds. The main barriers can include 1) Time limitation, 2) High workload, 3) Reluctance to participate, 4) Ineffective communication, and 5) Infrastructure & administration (1).

A study in Brazil showed that multidisciplinary rounds in ICUs were conducted in less than two-thirds of ICU days. High workload, lack of time, involvement in the process of new patients' admission, and participation of nurses in activities unrelated to patient care were the main reasons for the absence of nurses in multidisciplinary rounds in this study (10). On the other hand, the lack of time and high workload of nurses will lead to increased negative consequences in providing patient care and treatment. This situation is associated with increased mortality. We propose that nurse workload should be an impellent for discussing daily goals for improving patient outcomes, reducing risk, and increasing the effectiveness of multidisciplinary teams. Also, it is suggested that planned and dedicated time should be allocated to multidisciplinary ward rounds. Evidence also showed that nurses suffered from the lack of a system to alert them to round times. Therefore, Pacher is recommended to increase nurses' participation in the transport department rounds. Studies have shown this intervention effectively informs nurses about the round time (1, 11).

The Institute for Healthcare Improvement (IHI) recommends developing and refining time-specific and measurable round aims. Teams are more successful when they have clear, focused goals. Setting numerical goals clarifies goals, creates excitement for change, manages measurement, and focuses on initial change. Once the team has set goals, they must be careful not to stray or unknowingly "drift" from them consciously (12). Without a specific focus, multidisciplinary rounds could become too time-consuming and overwhelming for those involved. Establishing focus and aim is the basis for selecting team members, identifying issues to be addressed, and defining actions. The purpose of a multidisciplinary panel may be based on selected patient populations (e.g., patients with a specific diagnosis), deviations from the care plan, or safety concerns. Examining nurses' experience reveals many difficulties with the presence of nurses in the decision-making process during ward rounds. Healthcare organizations are structured hierarchically. Nurses do not have the same epistemic, deontological, or decision-making powers as physicians, let alone consultants or professionals. Nurses have considerable medical expertise, experience, and insight but are considered to have less epistemological authority over medical knowledge than physicians. These essential aspects account for nurses' lower rank in the medical hierarchy than physicians and their reported reluctance in ward rounds or multidisciplinary discussions (1, 8-14).

To overcome such consequences, successful models suggest that nurses should have communicative means for relatively active participation in ward rounds. These means of communication included avoiding explicit questioning or direct modification of counselors' new assessments/decisions (13). The fact that nurses implicitly and indirectly resisted can be considered evidence of professional competence and the nurse's role as a patient advocate. Nurses use all their knowledge to influence decisions about future behavior, but they do so openly. While rebelling against doctors' decisions, nurses must adapt to the institutional role and the

constraints associated with that role, thereby developing their professional competence as nurses. Also, we suggest that a sense of self-confidence and a strategy to reduce doubts about communication skills increase the feeling of being valued by doctors (14). Support from nurse managers/physicians and senior doctors in facilitating interprofessional rounding can lead to re-participation (15).

Although this article has attempted to define the main reasons for the absence of nurses involved in ward courses, nurses delegate and/or lead the occurring actions. The energy generated by well-executed ward rounds impacts the entire ward team. In contrast, hasty and unattended ward rounds have a negative impact, thus maybe fragmenting the relevant actions. In a busy ward environment, prioritizing the tasks that need to be accomplished as part of the ward's daily routine is a constant balancing act. However, when nurses lead by example and attend rounds, discipline can be instilled throughout the team, and the standards of practice are expected for this core activity.

References

1. Zamanzadeh V, Orujlu S, Beykmirza R, Ghofrani M. Barriers for nurse participation in multidisciplinary ward rounds: An integrative review. Nursing Practice Today. 2021;8(2):96-102.
2. Rowan BL, Anjara S, De Brún A, MacDonald S, Kearns EC, Marnane M, McAuliffe E. The impact of huddles on a multidisciplinary healthcare teams' work engagement, teamwork and job satisfaction: A systematic review. Journal of Evaluation in Clinical Practice. 2022;28(3):382-93.
3. Pan American Health Organization. Nursing; 2023. Available from: https://www.paho.org/en/topics/nursing#collapse-accordion-4617-1.
4. London: RCP. Ward rounds in medicine: Principles for best practice. A joint publication of the Royal College of Physicians and the Royal College of Nursing; October 2012. Available from: https://www.rcplondon.ac.uk/file/1398/download
5. Morris M, Mulhall C, Murphy PJ, Eppich WJ. Interdisciplinary collaborative working on surgical ward rounds: Reality or rhetoric? A systematic review. Journal of Interprofessional Care. 2023;37(4):674-88.
6. Kurhila S, Lehtimaja I, Drew P. Correcting medical decisions: a study in nurses' patient advocacy in (Finnish) hospital ward rounds. Sociology of Health & Illness. 2020;42(7):1709-26.
7. Redley B, Campbell D, Stockman K, Barnes S. Mixed methods quality evaluation of structured interprofessional medical ward rounds. Internal Medicine Journal. 2020;50(2):222-31.
8. Merriman C, Freeth D. Interprofessional ward rounds in an adult intensive care unit: an appreciative inquiry into the central collaboration between the consultant and the bedside nurse. Journal of Interprofessional Care. 2021:1-9.
9. Agom JC. Assessment of nurses' opinions on participation in ward rounds in Ebonyi State. International Research Journal of Public and Environmental Health. 2015;2(1):1-3.
10. Borges M, Caruso P, Júnior AN. Nursing workload associated with the frequency of multidisciplinary rounds: a cross-sectional study. Revista Brasileira de Terapia Intensiva. 2021;33(1):82-7.
11. Chew B, Tang C, Lim W, Yap J, Zhou W, Liaw S. Interprofessional bedside rounds: Nurse-physician collaboration and perceived barriers in an Asian hospital. Journal of interprofessional care. 2019;33(6):820-2.
12. Institute for Healthcare Improvement. How-to Guide: Multidisciplinary Rounds; 2023. Available from: https://www.ihi.org/resources/Pages/Tools/HowtoGuideMultidisciplinaryRounds.aspx.
13. Schoeb V, Staffoni L, Keel S. Influence of interactional structure on patient's participation during interprofessional discharge planning meetings in rehabilitation centers. Journal of Interprofessional Care. 2019;33(5):536-45.
14. Lane D, Ferri M, Lemaire J, McLaughlin K, Stelfox H. A systematic review of evidence-informed practices for patient care rounds in the ICU. 2013;41(8):2015-29.
15. Gormley D, Costanzo A, Goetz J, Israel J, Hill-Clark J, Pritchard T, Staubach K. Impact of nurse-led interprofessional rounding on patient experience. Nursing Clinics. 2018;54(1):115-26.